



# HEALTH PROFILE: BURMA

# **HIV/AIDS**

Estimated Number of Adults and Children	339,000
Living with HIV/AIDS	(low-high
(end 2003)	estimates
	170,000-
	620,000)
Total Population (2004)	52,168,000
Adult HIV Prevalence	1.2%
(end 2003)	(0.6-2.2%)
HIV-I Seroprevalence in Urban Areas (end 2003)	
Population most at risk (female sex workers, injecting drug users)	31.4%, 37.9%
Population least at risk (pregnant women)	1.6%

Sources: UNAIDS, U.S. Census Bureau

HIV/AIDS was introduced in Burma in the late 1980s, along Burma's borders with Thailand and China. The Government of Burma reported a cumulative 8,921 AIDS cases (and 3,324 AIDS deaths) by the end of 2003. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), at the end of 2003, Burma was home to an estimated 339,000 people living with HIV/AIDS. Burma has one of the most serious epidemics in Asia, with an estimated national adult prevalence of 1–2%. Among infections with known mode of transmission, 65% were heterosexual, 26% by injecting drug use, and 5% by contaminated blood. An estimated 18% of people living with HIV require immediate antiretroviral (ARV) treatment, but health services are poor, and access to ARVs is extremely limited.

HIV/AIDS continues to increase in various subpopulations. Among military recruits tested in Rangoon and Mandalay, HIV prevalence has increased from 0.5% in 1992 to 1.4% in 2000 to 2.09% in 2003. The situation varies across the country, but HIV has already become entrenched in lower-risk populations in several parts of Burma. By 2003, I2 out of 29 sentinel sites for pregnant women recorded HIV prevalence above 2%. At Pyay and Hpa-an, respectively, 5% and 7.5% of pregnant women tested HIV-positive in 2003. Exceptionally large proportions of injecting drug users (IDUs) have acquired HIV. Each year between 1992 and 2003, 45–80% of drug injectors tested positive for HIV in sentinel surveillance. HIV infection among sex workers rose significantly from around 5% to 31% over the decade 1992–2003. The confirmed HIV infection rates for male and female patients at sexually transmitted infection (STI) clinics were 6% and 9%, respectively, in 2003.

#### **NATIONAL RESPONSE**

The Government of Burma has taken a series of measures to set up an effective HIV surveillance system, despite its stand that the HIV/AIDS problem in the country is not as serious as portrayed by the international community. The HIV/AIDS surveillance system was established in 1985, and biannual sentinel surveillance began in 1992 at nine sites. By 2000, the system had expanded to cover 27 sites across all states and divisions. Behavioral surveillance was introduced in 1997.

The National AIDS Committee (NAC), created in 1989 and chaired by the Minister of Health, oversees the National AIDS Program (NAP). It is a multisectoral working body, with membership drawn from various

May 2005



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governmental agencies and nongovernmental organizations (NGOs) under the guidance of the National Health Committee.

The National Health Committee, composed of various ministers and chaired by the Prime Minister, provides policy guidance. In practice, however, there has been a great degree of ambivalence in the governmental response, which has been limited by a severe shortage in human, technical, and financial resources.

The denial of the early days has evidently changed, as is reflected in the formulation of the National Health Plan, which sets the agenda for four-year periods. The plan now ranks HIV/AIDS as the nation's third most important health challenge, after malaria and tuberculosis. As part of a decentralization initiative, AIDS committees have been formed at the state, division, and township levels.

HIV-awareness campaigns and prevention efforts are slowly increasing. A program for prevention of mother-to-child transmission (PMTCT) was started in 2000, and by 2003, 32 townships were participating. A school-based, healthy-living and HIV-prevention education project, the SHAPE program, is in place. This initiative covers 1.5 million school children in 50 townships. In addressing prevention within vulnerable populations, such as commercial sex workers, their partners, and IDUs, a pilot program for 100% condom use has operated in two townships since 2000, and, by 2005, 110 townships were taking part in the program.

## **USAID SUPPORT**

USAID began supporting international nongovernmental organizations (INGOs) working on HIV/AIDS in Burma in 2002. Implementation of program activities is through a Cooperative Agreement with Population Services International (PSI), with the following subgrants: Médecins sans Frontières/Holland (MSF/Holland), Médecins du Monde (MdM), and COMPASS.

USAID and its grantee partners' goals include increasing access to products and services for prevention of STIs and HIV/AIDS among priority groups, increasing

access to quality care for people living with HIV/AIDS, improving knowledge and attitudes conducive to safer behaviors among priority groups, and increasing understanding of what constitute risk behaviors among priority groups.

PSI focuses its efforts on social marketing and outreach/education to broaden and expand use of male sexual health services, including HIV education and prevention and STI management; collaboration with other NGOs for provision of quality STI and other sexual health services; nationwide behavior-change communication targeted to specific vulnerable populations; expansion of social marketing of condoms in high-risk areas; and the development of targeted testing and counseling services for high-risk populations.

The funding to MSF/Holland supports integrated clinics in Shan and Kachin States, which provide, to the poorest segments of the population, feeding to children suffering from severe malnutrition; HIV education; HIV/AIDS treatment; counseling and testing; PMTCT; directly observed therapy – short-course for tuberculosis (TB–DOTS); reproductive health; STI treatment; and more.

MdM's efforts target IDUs and their families in Kachin State and include training health personnel on HIV education/ prevention and drug treatment issues, outreach to families for HIV prevention and education and drug abuse education, and counseling support for IDUs and their families.

COMPASS has conducted research on key issues related to youth and male sexual health, which is being used to guide program directions of INGO work in STI/HIV/AIDS in Burma.

## **IMPORTANT LINKS AND CONTACTS**

U.S. Embassy, 581 Merchant Street, Rangoon, Burma Tel: 95-I-379-880

U.S. Embassy Website <a href="http://www.rangoon.usembassy.gov">http://www.rangoon.usembassy.gov</a>

**USAID** Website

http://www.usaid.gov/locations/asia\_near\_east/countries/burma/burma\_brief.html

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project

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